

2023 Maine Integrated Youth Health Survey Fifth and Sixth Grade

Thank you for taking this survey. In order for it to be useful, it is important that you answer each question honestly. All of your answers will be kept secret. They will never be seen by anyone at your school. Your name will not be put with your answers. Again, thank you very much for being an important part of this project.

INSTRUCTIONS

- 1. This is not a test, so there are no right or wrong answers. We would like you to work quickly, so that you can finish.
- 2. All of the questions should be answered by marking one of the answer spaces. If you do not find an answer that fits best, use one that comes close. If you do not understand a question or cannot answer it, just leave it blank.
- 3. Your answers will be read by a computer. To help the computer read your answers, please do the following:
 - Use only a blue or black pen or pencil.
 - Carefully make heavy marks inside the ovals.
 - Completely erase any answer you wish to change.
- Make no other marks or comments on the answer pages. Any extra marks will cause the computer to make mistakes when it reads your survey.
- 4. Please mark only one answer, unless the directions tell you to mark more than one answer.

Survey Codes: The following numbers will be provided to you by the person giving this survey. Please write the numbers in the spaces below. Then fill in the ovals below that match those numbers.





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This survey is about your health and things that affect it. It will tell us what you and other students do that may affect your health. About 95,000 students in Maine are being asked to take this survey. The answers you give will be used to create better health education and programs for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept secret. No one will know what you write. Answer the questions based on what you really do.

You may choose to take the survey or not take it. Your choice will not affect your grade in this class. You may not feel comfortable answering some questions. If you are not comfortable answering a question, just leave it blank. You can stop answering questions at any time you want.

You will not get in trouble for not completing the survey. It should not take you longer than this class period.

By taking this survey, your school and community may be better able to create programs that help you stay healthy.

Some questions ask about your background such as race and age. These will be used only to describe the types of students completing the survey. No answers will be used to find out your name. No names will ever be reported. The survey is research. This means that we will use everyone's answers to help us learn more about Maine students in general.

Be sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of your teacher.

THANK YOU very much for your help!

1.	. How old are you? ○ 9 years old or younger ○ 11 years old ○ 13 years old or older ○ 10 years old ○ 12 years old					
2.	. What is your sex? ○ Female ○ Male					
3.	. In what grade are you? ○ 5th grade ○ 6th grade ○ Ungraded or other grade					
4.	Are you Hispanic or Latino? Yes No					
5.	What is your race? (Select one or more responses.) American Indian or Alaska Native Native Hawaiian or Other Pacific Island White Black or African American	nder				
6.	What language is spoken most often at home? (Select only one response.) Arabic Chinese French Somali Some other language					
The	e next 2 questions ask about safety.					
7.	How often do you wear a seat belt when riding in a car? Never Rarely Sometimes Most of the time	Always				
8.	When you ride a bicycle, how often do you wear a helmet? O I do not ride a bicycle O Rarely wear a helmet O Most of the time wear a helmet O Always wear a helmet	a helmet				
The next 2 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.						
9.	. Have you ever been bullied on school property ? ○ Yes ○ No					
10.	Have you ever been electronically bullied? (Count being bullied through texting, Instag other social media.) Yes No	ram, Facebook, or				
The next question asks about feeling safe at school.						
11. Do you agree or disagree with the following statement? "I feel safe at my school." O Strongly agree O Agree O Disagree O Strongly disagree						
	PLEASE DO NOT WRITE IN THIS AREA S	ERIAL#				

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12. Have you ever smoked a cigarette, even one or two puffs? ○ Yes ○ No							
13. During the past 30 d ○ 0 days ○ 1 or 2 days	ays, on how many days 3 to 5 days 6 to 9 days	did you smoke cigarettes? 10 to 19 days 20 to 29 days	○ All 30 days				
14. Do you think you w: ○ I definitely will	ill try a cigarette soon? O I probably will	○ I probably will not	○ I definitely will not				
15. Do you think you w: ○ I definitely will	ill smoke a cigarette at a	nytime during the next year O I probably will not	? O I definitely will not				
16. If one of your best fi ○ Definitely yes	riends offered you a ciga Probably yes	rette, would you smoke it? • Probably not	Definitely not				
The next 3 questions ask about electronic vapor products, such as JUVL, SMOK, Vuse, NJOY, Puff Bar, blu or Bidi Stick. Electronic vapor products include e-cigarettes, vapes, mods, e-cigs, e-hookahs, or vape pens.							
17. Have you ever used an electronic vapor product?							
18. During the past 30 days, have you used an electronic vapor product? Yes No							
19. Do you think you w: ○ I definitely will	ill try an electronic vapor	r product soon? O I probably will not	○ I definitely will not				
The next 4 questions ask about drinking alcohol. This includes drinking beer, wine, flavored alcoholic beverages, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.							
20. Have you ever had a drink of alcohol, other than a few sips? Yes No							
21. During the past 30 d ○ 0 days ○ 1 or 2 days	ays, on how many days 3 to 5 days 6 to 9 days	did you have at least one dri 10 to 19 days 20 to 29 days	ink of alcohol? O All 30 days				
22. If you wanted to get • Very hard	some alcohol, how easy Sort of hard	would it be for you to get s Sort of easy	ome? O Very easy				
23. How wrong do your O Very wrong	parents or guardians fee	el it would be for you to drin A little bit wrong	k alcohol regularly? Not wrong at all				

The next 5 questions ask about cigarette smoking.

24.	Have you ever used marijuana? ○ Yes ○ No							
25.	During the past 30 days, how many times did you use marijuana? O times O 1 or 2 times O 10 to 19 times O 40 or more times							
26.	If you wanted to get some marijuana, how easy would it be for you to get some? O Very hard O Sort of hard O Sort of easy O Very easy							
The	The next 2 questions ask about other drugs.							
27.	Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high? Yes No							
28.	Do you agree or disagree with the following statement? "My family has clear rules about alcohol and drug use Strongly agree Agree Disagree Strongly disagree							
The next 4 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.								
29.	Yesterday, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, Sports drinks, or other fruit-flavored drinks.) O times, I did not drink 100% fruit juice yesterday O times O times O times O times							
30.	Yesterday, how many times did you eat fruit ? (Do not count fruit juice) O times, I did not eat fruit yesterday 1 time 2 times 4 or more times							
31.	Yesterday, how many times did you eat vegetables , such as carrots, green salad, corn, or green beans? (Do not count french fries or other fried potatoes.) O times, I did not eat vegetables yesterday O 1 time O 2 times							
32.	Yesterday, how many times did you drink a can, bottle, or glass of soda, sports drink, energy drink, or other sugar-sweetened beverage such as Gatorade, Red Bull, lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny D? (Do not count diet soda, other diet drinks, or 100% fruit juice.) O times, I did not drink soda, sports drinks, energy drinks, or other sugar-sweetened beverages yesterday O 1 time O 4 or more times							

The next 3 questions ask about marijuana use. Marijuana also is called pot, weed, or cannabis.

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1 116	next 5 questions as	sk about protecting	g yoursen mom th	e sun.					
43.	. When you are outside for more than one hour on a sunny day, how often do you wear sunscreen with SPF of 15 or higher?								
	○ Never	○ Rarely	○ Sometimes	○ Most of the time	○ Always				
44.	stay in the shade, w	ear clothing that co	overs most of your a	day, how often do you do	nat?				
	○ Never	○ Rarely	Sometimes	○ Most of the time	○ Always				
45.	During the past year lasts until the next of Yes		y sunburns? (A sunb	ourn is any reddening or b	ourn of the skin that				
	O 165	U 110	O Not suic						
The	next 2 questions as	sk about support y	ou may have at ho	ome or at school.					
46.	Do you agree or dis Strongly agree	•		ns who try to help you su Disagree O Strongl					
47.	Do you agree or diswhen you need it? Strongly agree		one of your teachers	Disagree Strongl	ou help and support y disagree				
This is the end of the survey.									
Thank you very much for your help.									

The Maine Integrated Youth Health Survey is a collaborative effort of the Maine Department of Education and the Maine Department of Health and Human Services, Maine Center for Disease Control and Prevention.

Maine Department of Health and Human Services



Maine Department of Education

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